

KENTUCKY WATER WELL RECORD

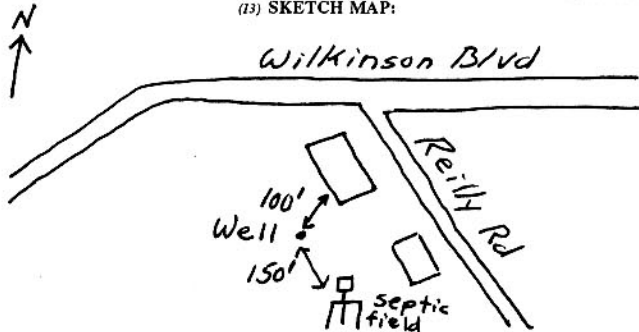
Please read all instructions prior to completing this form. Do not write in shaded area. The original copy of this form must be submitted within 30 days of well completion to the Kentucky Natural Resources and Environmental Protection Cabinet, Division of Water - Groundwater Branch, 14 Reilly Road, Frankfort, KY 40601. Telephone (502) 564-3410.

(TYPE OR PRINT CLEARLY)

0000-0000

(2) GENERAL INFORMATION:

Well Owner's Name WELLOWNER IMA Last First MI			Owner's Phone (502) 564-3410 () None			Date Received:		
Mailing Address 14 REILLY RD			Well Address <input checked="" type="checkbox"/> Same as owner's address			(3) AKGWA NUMBER: 0000-0000		
City FRANKFORT	State KY	Zip Code 40601	City	State	Zip Code	(4) VARIANCE WELL: () Yes <input checked="" type="checkbox"/> No		
(5) WELL LOCATION:		USGS Quadrangle Name FRANKFORT EAST		County FRANKLIN		Latitude N		Longitude W

(6) GENERAL WELL CONSTRUCTION: Start Date: 10/26/97 Finish Date: 10/26/97 Drilling Method: Type of Work: <input checked="" type="checkbox"/> Air Rotary <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Rework <input type="checkbox"/> Cable <input type="checkbox"/> Deepen <input type="checkbox"/> Auger <input type="checkbox"/> Plug <input type="checkbox"/> Other <input type="checkbox"/> Clean Surface El.: 495 ft. Total Depth: 120 ft. Depth to Bedrock: 30 ft. Static Water Level: 40 ft.		(7) WELL TEST: Date: 10/27/97 Testing Method: <input checked="" type="checkbox"/> Pump () Blowing () Bailer () Other Well Yield: 10 <input checked="" type="checkbox"/> gpm () gph Drawdown: 12 ft. after 30 () hrs <input checked="" type="checkbox"/> min of pumping at 7 <input checked="" type="checkbox"/> gpm () gph ft. after () hrs () min of pumping at () gpm () gph Flowing Artesian Well: Shut-in Pressure: (psi) Discharge: () gpm () gph		(10) PHYSIOGRAPHIC OR HYDROLOGIC REGION: <input checked="" type="checkbox"/> Blue Grass () Ohio River Alluvium () E. Coal Field () W. Coal Field () Miss. Plateau () Jackson Purchase		(11) WELL SERVICE: Number of people served: 4 Number of service connections: 1	
(8) WATER QUALITY: Well was <input checked="" type="checkbox"/> pumped () bailed () blown () not purged, for 1 <input checked="" type="checkbox"/> hrs. () min., at 7 per <input checked="" type="checkbox"/> min. () hr. before sampling. Appearance: Odor: <input checked="" type="checkbox"/> Clear <input checked="" type="checkbox"/> None () Cloudy () Musty () Muddy () Sulfur () Other () Other Well Disinfectant: Type Clorox Amount 3 cups Results of <input checked="" type="checkbox"/> fecal () total coliform analysis: <input checked="" type="checkbox"/> 0 or <1.0 () TNTC () Confluent # colonies/100 ml Other: Sampling Date: 10/27/97 Analysis Date: 10/27/97 Lab Performing Test: Certified Lab, Inc.		(12) WELL USE: <input checked="" type="checkbox"/> Domestic () Industrial () Dry Hole () Public () Livestock () Heat Pump () Irrigation () Other		(13) SKETCH MAP: 			

Show well location and distances from permanent structures, septic drain fields, major roads (include name or number) and intersections. INDICATE NORTH WITH AN ARROW. Provide a photocopy of a topographic map with the well location clearly marked with an "X", the AKGWA number, and the well owner's name.

(9) WELL COMPLETION:		(14) PUMP DATA: Was a pump installed?: <input checked="" type="checkbox"/> Yes () No Date Installed: 10/27/97 Pump Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Turbine <input type="checkbox"/> Hand <input type="checkbox"/> Bailer/Bucket <input type="checkbox"/> Other Installed by: <input checked="" type="checkbox"/> Driller () Pump Installer () Home Owner () Other Horsepower 3/4 Rating (gpm) 7 Pump intake set at 110 feet below ground surface	
Feet Below Surface	Hole Diameter (in.)	Casing Inside Diameter (in.)	Casing Type
From To			
0 42	8	6	steel
42 120	5 5/8	-	open hole

(15) LITHOLOGIC LOG:		Water Quality and GPM	
Feet Below Surface	Description		
From To			
0 30	brown clay and gravel		
30 37	brown limestone with crevices		
37 55	brown-gray limestone interbedded with shale		
55 120	gray to brown-gray limestone		
	water at 60 feet	10 gpm good	

(16) COMMENTS:

(17) AFFIRMATION: The work described above was done under my supervision, and this report is true and correct to the best of my knowledge. NOTE: The water well driller is not responsible for natural groundwater quality or quantity encountered while drilling or completing this well.

Well Driller's or Rig Operator's Name (Print or Type) John Hancock		State Certification Number or Rig Operator's Permit No. 0000-0000-00		Signature of Responsible Certified Driller John Hancock	
Company Mailing Address PO Box 100		City Anyplace	State KY	Zip Code 40000	Date 10/30/97